| | TE / OFFICEHOLDER N FINANCE REPORT | 7630 | FORM C/OH COVER SHEET PG 1 |
|---|--|--|--|
| The C/OH Instruction | o Gulde explains how to complete this form. | 1 ACCOUNT # (Ethics Commission Filers) | 2 Total pages filed: |
| 3 CANDIDATE/ OFFICEHOLDER NAME | MS/MRS/MR) FIRST RAUL NICKNAME LAST GON ZÁLEZ | MI A SUFFIX | OFFICE USE ONLY |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS change of address | P. O. BOX 40263 Austn TX 78704 | STATE: ZIP CODE | Date Hend-Offwered or Postmarked |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER (< 12) 914-0833 | EXTENSION | Date Processed |
| © CAMPAIGN TREASURER NAME | MS) MRS / MR FIRST CECILIA NICKNAME CROSSLEY | MI SUFFIX | Date Imaged |
| 7 CAMPAIGN TREASURER ADDRESS (residence or business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: 3100 CATALINA A451W, TX 78741 | CITY: STATE; | ZIP CODE |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER (512) 444-0956 | EXTENSION | |
| 9 REPORTTYPE | January 15 30th day before election July 15 8th day before election | Runoff Exceeded \$500 limit | 15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR) |
| 10 PERIOD COVERED | Month Dey Year THROUGH | Month Day 6 / 30 | Year |
| 11 ELECTION | Month Day Year ELECTION TYPE Primary | Runoff | General Special |
| 12 OFFICE | JUSTICE OF THE PEACE Pct. 4 | 13 OFFICE SOUGHT (if known | 1} |
| 14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE | DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURE CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION | ES MADE BY OTHERS WITHOUT THE ONLY IF THEY RECEIVE NOTIFICATI | E CANDIDATE'S PRIOR CONSENT OR APPROVAL. |
| BY OTHER INDIVIDU: LS | Name N / A | | |
| additional pages | Address / PO Box; Apt. / Suite #, City: State; Zip Code | | |
| | GO TO PAGE | E 2 | |

CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH

| SUPPORT | & TOTAL | .S | COVER SHEET PG 2 |
|--|-----------------------------------|--|---|
| 15 C/OH NAME | íι Α. | GONZÁLEZ | 16 ACCOUNT # (Ethics Commission Filers) |
| 17 NOTICE FROM POLITICAL COMMITTEE(S) | CANDIDATE / OFFICE | TICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MAI CHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CAND TES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF | NDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR |
| SOMMITTEE(B) | COMMITTEE TYPE GENERAL SPECIFIC | COMMITTEE NAME A COMMITTEE ADDRESS | |
| additional pages | | COMMITTEE CAMPAIGN TREASURER NAME | |
| | | COMMITTEE CAMPAIGN TREASURER ADDRESS | |
| 18 CONTRIBUTION TOTALS | 1. TOTAL PLEDGE | POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS !TEMIZE | 5 O |
| | | POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | | | zed \$ 74°° |
| | 4. TOTAL | POLITICAL EXPENDITURES | \$ 384 ≈ |
| CONTRIBUTION BALANCE | 5. TOTAL PO OF REPO | OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D. DRTING PERIOD | s 4 ³¹ |
| OUTSTANDING LOAN TOTALS | 6. TOTAL P | RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE YOF THE REPORTING PERIOD | \$ 1500°2 |
| S | | is true and correct and includes all in me under Title 15, Election Code. Signature of Canal | ALEZ, this the |
| Signature of officer admini | stering cath | Printed name of officer administering oath | Title of officer administering oath |

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

| • | The Instruction Guide explains how to complete this | form. | 1 Total pages Sch | nedule A; |
|----------------|---|------------------|-------------------------------|---|
| 2 FILER NA | ME RAÚL A. GONZÁLEZ | | 3 ACCOUNT # (E | Ethics Commission Filers) |
| 4 Date | 5 Full name of contributorout-of-state PAC(ID#: | | 7 Amount of contribution (\$) | 8 In-kind contribution description (if applicable) |
| | | | | of Texas, complete Schedule T) |
| Principal or | ccupation / Job title (See Instructions) | 10 Employer (See | Instructions) | |
| Date | Full name of contributor ut-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City, Clate, Zip Code | | ! | |
| | | | (If travel outside o | of Texas, complete Schedule T) |
| Principa≀ oc | ccupation / Job title (See Instructions) | Employer (See I | | |
| Date | Full name of contributor out-of-slate PAC (IC# | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | | <u> </u> |
| Total and | | | | of Texas, complete Schedule T) |
| Principal ou | cupation / Job title (See Instructions) | Employer (See In | nstructions) | |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City; State; Zip Code | | ! | ļ |
| Principal occ | | | | of Texas, complete Schedule T) |
| Fillicipal oc. | cupation / Job title (See Instructions) | Employer (See Ir | nstructions) | _ |
| Date | Full name of contributor out-of-state PAC (ID#: | | Amount of contribution (\$) | In-kind contribution description (if applicable) |
| | Contributor address; City: State; Zip Code | | | , |
| | | | (If the second acceptable as | of Texas, complete Schedule T) |

If contributor is out-of-state PAC, please see instruction guide foradditional reporting requirements.

| Cale | Full name of pledgor out-of-state PAC (ID#: | , - | Amount of pledge (\$) | in-kind description (if applicable) |
|--------------|---|---|--------------------------------|--|
| | Pledgor address; City: State; Zip Code | | 1 | |
| Deliver | | | (If travel outside o | Texas, complete Schedule T) |
| Principal of | ccupation / Job title (See Instructions) | Employer (See Ins | structions) | |
| Date | Full name of pledgor out-of-state PAC (ID# | | Amount of pledge (\$) | In-kind description (if applicable) |
| | Pledgor address; City; State; Zip Code | | | |
| - · · · - · | | | (If travel outside of | Texas, complete Schedule T) |
| Principal oc | ccupation / Job title (See Instructions) | Employer (See Inst | tructions) | |
| ı | ATTACH ADDITIONAL COPIES Of contributor is out-of-state PAC, please see Instr | OF THIS SCHEDULE A uction guide for addit | S NEEDED tional reporting : | equirements. |
| ethics.stat | te.tx.us | | | Revised 04/21/2010 |

POLITICAL EXPENDITURES

SCHEDULE F

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Legal Services Solicitatio Food/Beverage Expense Travel In Politing Expense Travel Out Printing Expense Office Ov | Nages/Contract Labor en/Fundraising Expense District at Of District erhead/Rental Expense | Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) |
|--|---|---|--|
| 47.1 | The Instruction Guide explains | how to complete this fo | orm. |
| 1 Total pages Schedule F: | 2 FILER NAME | | 3 ACCOUNT # (Ethics Commission Filers) |
| 15. | RAUL A. GONZALE | 2 | |
| 4 Date | 5 Payee name | | |
| 3/05/11 | 10DP | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip C | ode | |
| \$ 0.00 00 | P.O.Box 684263 | | |
| 1230 | Austin Tx 7876 | 1 | |
| 8 PURPOSE | (a) Category (See calegories listed at the top of this schedule | 1 | |
| OF | | (b) Description | (If travel outside of Texas, complete Schedule T) |
| EXPENDITURE | EVENT EXPENSE | TRIO O | F STARS CELEBRATION |
| 9 Complete ONLY if direct | Candidate / Officeholder name | Office sough | |
| expenditure to benefit C/O | н | J | |
| Date | Payee name | | |
| 4/22/11 | | u las asserti | |
| Amount (\$) | CAPITAL AREA PROGRESS | IVE DEMOCRAT | TS |
| 1. | Payee address; City; State; Zip C | ode | |
| F 100°2 | P. O. Box 413 | | |
| | Austin TX 787 | 1.7 | |
| PURPOSE | Category (See categories listed at the top of this schedu | , | (If travel outside of Texas, complete Schedule T) |
| OF | | | • |
| EXPENDITURE | EVENT EXPENSE | AWARD | DS RECOGNITION |
| Complete ONLY if direct expenditure to benefit C/Oi | Candidate / Officeholder name | Office sough | t Office held |
| Date | Payee name | <u>::::-</u> | |
| | , | | |
| Amount (\$) | Payer address: City State: 7th Co | | · · · · · · · · · · · · · · · · · · · |
| , , , , , , , , , , , , , , , , , , , | Payee address; City; State; Zip Co | ode | |
| | | | |
| | | | |
| PURPOSE | Category (See categories listed at the top of this schedul | le) Description | (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE | | | |
| - CHENORE | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | t Office held |
| expenditure to belief C/OF | · | | |
| Date | Payee name | | |
| | | | |
| Amount (\$) | Payee address; City; State; Zip Co | | |
| | oky, olate, zipou | ide. | |
| | | | |
| | | | |
| PURPOSE | Category (See categories listed at the top of this schedule | a) Description (| If travel outside of Texas, complete Schadula T) |
| OF EXPENDITURE | | | · |
| | Condidate | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name | Office sought | Office held |
| | | | |
| | ATTACH ADDITIONAL COPIES OF | THIS SCHEDULE AS N | REEDED |

| Texas Ethics Commi | ssion P.O. Box 12070 | Austin, Texas 78711-2070 | (512) 463-5800 | (TDD 1-800-735-2989 |
|--|------------------------------------|-------------------------------|----------------|--------------------------------|
| LOANS | | | | SCHEDULE E |
| The | Instruction Guide explains how | v to complete this form. | 1 Total pag | ges Schedule E: |
| 2 FILER NAME | | | 3 ACCOU | NT# (Ethics Commission Filers) |
| RAH | L A. GONZÁLEZ | | | |
| 4 TOTA | AL OF UNITEMIZED LOAN | 1S : 中中中中 | ⇒ ⇒ | \$ |
| 5 Date of loan | 7 Name of lender | oul-of-state PAC (ID#: | | 9 Loan Amount (\$) |
| 6 la lender a financial Institution? | 8 Lender address; City; | State; Zip Code | | 10 Interest rate |
| Y N | | | | 11 Maturity date |
| 12 Principal occupat | ion / Job title (See Instructions) | 13 Employer (See Instruc | ctions) | |
| 14 Description of Col | lateral | | - | |
| 15 GUARANTOR INFORMATION | 16 Name of guarantor | 8 9 4 | | 18 Amount Gueranteed (\$) |
| not applicable | 17 Guarantor address; | City; State; Zip Gode | | |
| 19 Principal Occupat | ion (See Instructions) | 20 Employer (See Instruc | tions) | <u>-</u> . |
| Date of loan | Name of lender | out-of-state PAC (ID#: | | Loan Amount (\$) |
| is lender a financial Institution? | Lender address; City; | State: Zlp Code | | Interestrate |
| Y N | | | | Maturity date |
| Principal occupation | on / Job title (See Instructions) | Employer (See Instruct | dons) | |
| Description of Calls | iteral | | | |
| GUARANTOR INFORMATION | Name of guarantor | | | Amount Guaranteed (\$) |
| not applicable | Guarantor address; (| City; State; Zip Code | | |
| Principal Occupation | on (See Instructions) | Employer (See Instruction | Drs) | |
| if lend | | AL COPIES OF THIS SCHEDULE AS | | ilrements. |

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Gift/Awards/Memorials Expense Legal Services

Food/Beverage Expense Polling Expense **Printing Expense**

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District Travel Out Of District

Office Overhead/Rental Expense

Loan Repayment/Reimbursement Transportation Equipment & Related Expense

Contributions/D-mations Made By Candidate/Officeholder/Political Committee

| 4 Date 5 Payer 6 Amount (\$) 7 Payer Reimbursement from political contributions intended 8 PURPOCE OF EXPENDITURE (a) Category Date Payer | | | 3 ACCOUNT # (Ethics Commission Filers (b) Description (If travel outside of Texas, complete Schedule T) |
|--|--|---------------|--|
| 4 Date 5 Payer 6 Amount (\$) 7 Payer Reimbursement from political contributions intended 8 PURPOCE OF EXPENDITURE Date Payer | e name N/A e address; City; State; gory (See categories listed at the top of the name | Zip Code | (b) Description (If travel outside of Texas, complete Schedule T) |
| Reimbursement from political contributions intended 8 PURPOCE OF EXPENDITURE Date Payer | gory (See categories listed at the top of the nor of the normal section of the normal se | | (b) Description (if travel outside of Texas, complete Schedule T) |
| 8 PURPOCE (a) Category OF EXPENDITURE Date Payer | в name | his schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| OF EXPENDITURE Date Payer | в name | his schedule) | (b) Description (If travel outside of Texas, complete Schedule T) |
| A | | | |
| Amount (\$) Payer | e address; City; State; | | |
| | | Zip Code | |
| Reimbursement from political contributions intended | | | |
| PURPOSE Categ OF EXPENDITURE | OFY (See categories listed at the top of th | nis schedule) | Description (if travel outside of Texas, complete Schedule T) |
| Date Payee | name | | |
| Amount (\$) Payer | address; City; State; | Zip Code | |
| Reimbursement from political contributions intended | | | |
| PURPOSE Catego OF EXPENDITURE | ory (See categories listed at the top of thi | is schedule) | Description (If travel outside of Texas, complete Schedule T) |
| Date Payee | name | | |
| Amount (\$) Payeo | address; City; State; | Zip Code | |
| Reimbursement from political contributions intended | | | |
| PURPOSE Categor OF EXPENDITURE | ony (See categories listed at the top of the | s schedule) | Description (If travel outside of Texas, complete Schedule T) |

PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees 1 Total pages Schedule H: | The Instruction Guide explains how to | Contract Labor [fraising Expense] t (pistrict f/Rental Expense (| |
|---|--|---|--|
| Trotal pages Schedule III. | RAUL A. GONZALEZ |) , | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Business name | | |
| 6 Amount (\$) | 7 Business address; City; State; Zip Code | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See categories fisted at the top of this schedule) | (b) Description (I | If travel outside of Texas, complete Schedule T) |
| 9 Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name DH | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If | f travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/O | Candidate / Officeholder name H | Office sought | Office held |
| Date | Business name | | |
| Amount (\$) | Business address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (If | ftravel outside of Texas, complete Schadule T) |
| Complete <u>QNLY</u> if direct expenditure to benefit C/OF | Candidate / Officeholder name H | Office sought | Office held |
| Date | Визілезз пате | | |
| Amount (\$) | Business address; City; State; Zip Code | | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of this schedule) | Description (Iff | travel outside of Texas, complete Schedule T) |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name H | Office sought | Office held |
| | ATTACH ADDITIONAL COPIES OF THIS S | SCHEDULE AS NI | EEDED |

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

| | | · | |
|--|---|---|--|
| Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees | Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Polling Expense Printing Expense | CATEGORIES FOR BOX 86 Salaries/Wages/Contract Labor Solicitation/Fundreising Expense Travel In District Travel Out Of District Office Overhead/Rental Expense | Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) |
| | The Instruction Gulde | explains how to complete this | form. |
| 1 Total pages Schedule i: | 2 FILER NAME RAUL A GON | | 3 ACCOUNT # (Ethics Commission Filers) |
| 4 Date | 5 Payee name | | |
| 6 Amount (\$) | 7 Payee address; City; State | e; Zip Code | |
| E PURPOSE OF EXPENDITURE | (a) Category (See categories listed at the top of | of this schedule) (b) Description | on (See matructions regarding type of information required.) |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State | e; Zíp Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of | f this schedule) Description | Dn (See instructions regarding type of information required.) |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State | e; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of t | Ihis schedule) Descriptio | On (See instructions regarding type of information required.) |
| Date | Payee name | | |
| Amount (\$) | Payee address; City; State | o; Zip Code | |
| PURPOSE OF EXPENDITURE | Category (See categories listed at the top of the | (his schedule) Descriptio | on (See instructions regarding type of information required.) |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

| Texas Ethics Cor | mmission P.O. Box 12070 | Austin, Texas 78711-2070 | (512) 463-5800 | (TDD 1-800-735-2989 |
|------------------|---|----------------------------|---------------------|------------------------|
| CREDI" | TS (optional) | | | SCHEDULE K |
| The | e instruction Guide explains how to | complete this form. | 1 Total pages Sched | Sule K: |
| 2 FILER NAME | RAUL A GONZ | Lález | 3 ACCOUNT # (Ethic | ics Commission Filers) |
| 4 Date | 5 Payor name N/A 6 Payor address: City; | State; Zip Code | 8 | 8 Amount (\$) |
| | 7 Reason for credit | | | |
| Date | Payor name Payor address; City; | State: Zip Code | | Amount (\$) |
| | Reason for credit | | | |
| Date | Payor name Payor address; City; | State; Zip Code | | Amount (\$) |
| | Reason for credit | | | |
| Date | Payor name Payor address; City; | State; Zip Code | | Amount (\$) |
| | Reason for credit | | | |
| Date | Payor name Payor address; City; | State: Zip Code | | Amount (\$) |
| - | Reason for credit | | | |
| | ATTACH ADDITIONA | AL COPIES OF THIS SCHEDULE | AS NEEDED | |

| | struction Guide explains how to complete this form. | 1 Total pages Schedule T: |
|-------------------------|---|--|
| <u></u> | AUL A. GONZÁLEZ | 3 ACCOUNT # (Ethics Commission Filers) |
| | or / Corporation or Labor Organization / Pledgor / Payee | |
| Contribution / Expe | | |
| | Sobodulo A | · - |
| _ | Schedule A Schedule B Schedule C Schedule | le D Schedule F Schedule G |
| | Schedule H Schedule N COH-UC COH-T | PAC-C PAC-E |
| B Dates of travel | 7 Name of person(s) traveling | |
| | 8 Departure city or name of departure location | , , , , , , , , , , , , , , , , , , , |
| | 9 Destination city or name of destination location | |
| 10 Means of transport | ation 11 Purpose of travel (including name of conference, s | eminar, or other event) |
| | | |
| Name of Contributor | / Corporation or Labor Organization / Pledgor / Payee | |
| Contribution / Expend | liture reported on: | |
| s | chedule A Schedule 8 Schedule C Schedule | B D Schedule F Schedule G |
| □ s | chedule H Schedule N COH-UC COH-T | PAC-C PAC-E |
| Dates of travel | Name of person(s) traveling | |
| | | |
| | Departure city or name of departure location | |
| | Destination city or name of destination location | |
| | Dodnight sty of hame of application founds | |
| Means of transportation | on Purpose of travel (Including name of conference, sem | ninar, or other event) |
| | | 77-7 |
| Name of Contributor / | Corporation or Labor Organization / Pledgor / Payee | PARTIE DE LA CONTRACTION DEL CONTRACTION DE LA C |
| | | |
| Contribution / Expend | iture reported on: | |
| Sc | hedule A Schedule B Schedule C Schedule | D Schedule F Schedule G |
| ☐ Sc | hedule H Schedule N COH-UC COH-T | PAC-C PAC-E |
| Dates of travel | Name of person(s) traveling | |
| | Departure city or name of departure location | |
| | | |
| | Destination city or name of destination location | |
| Means of transportation | n Purpose of travel (including name of conference, semi | inar, or other event) |
| | | • |
| | | |
| | ATTACH ADDITIONAL COPIES OF THIS SCHEDULE. | |

TOTAL TOTAL

1109 Blan Way Ĭ I

COUNTY CLEHK
TAAIIS COUNTY TEXAS



ZEL JIII 15 EL 2:06

To: Election Division - Dan De , 111-01 VT 1 A P.O. Box 149325